

# CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION

## Criminal Justice Standards Division

Post Office Drawer 149 Raleigh, NC 27602

Telephone: (919) 661-5980

Fax: (919) 779-8210

**Form F-9**

(11/14)

### **In-Service Compliance Report Law Enforcement Officer 2014 In-Service Training Program**

Instructions: Each year **between January 1 and January 15, this form MUST be submitted** to the above address. Every certified officer shall receive all required annual In-Service training topics as specified in 12 NCAC 09E.0102 and 12 NCAC 09E.0108 during the calendar year. All certified officers shall be included whether they are full-time, part-time, paid, unpaid, regular, reserve, auxiliary, honorary, or special. (Calendar year runs from January 1 through December 31 of every year.) **Please TYPE or PRINT.** If you need assistance, please call the phone number listed above.

Agency Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Agency Address: \_\_\_\_\_  
Street/PO Box City Zip Code

I, as department head, do submit to the Commission this report of compliance for all certified officers, except those listed below, as having successfully completed this agency's in-service training program consistent with the minimum requirements established by the Commission. Those requirements being: Firearms Training and Qualifications (6 credits); Legal Update (4 credits); JMST: A Juvenile – Now What? (2 credits); Officer Safety: The First 5 Minutes (4 credits); and Department Topics of Choice (8 credits).

All officers did successfully complete the required in-service training and evidence of such successful completion is maintained in each officer's certification file for inspection by the Commission. Yes ☐ No ☐

Signature of Executive Officer \_\_\_\_\_  
Or Registered Authorized Representative Title Date

**\*\*\*Any officer who did not complete all 2014 mandated in-service training must be listed below. In addition, the Form F-9B must be completed on each officer who is NOT in compliance. The F-9B must be submitted along with the F-9.**

**Complete this Section for Each Officer(s) Who Failed to Complete In-Service Training. Please ensure address information is correct and current.**

Officer Full Name: \_\_\_\_\_ CJ ID#: \_\_\_\_\_

Home Address: \_\_\_\_\_

Officer Full Name: \_\_\_\_\_ CJ ID#: \_\_\_\_\_

Home Address: \_\_\_\_\_

Officer Full Name: \_\_\_\_\_ CJ ID#: \_\_\_\_\_

Home Address: \_\_\_\_\_